

snared off from the nucleus are found only in macrocytes and megaloblasts. When situated near the nucleus they stain red, while those peripherally placed are usually blue. They are readily stained with all nuclear dyes, and are easily demonstrated with the triacid stain. There is no connection between these and basophilic granules.

With the demonstration of large numbers of cells showing basophilic granules in the blood of normal embryos of all animals examined, a new and very important argument is brought forward for the regenerative character of these granules.

The Blood in Basedow's Disease.—GORDON and VON JAGIE (*Wien. klin. Woch.*, 1908, xxi, 1589) have made complete blood examination in 13 cases of Basedow's disease, including 7 incomplete cases, which they called Basedowoid. Normal red and white counts and normal hemoglobin were found, though occasionally a slight leukopenia existed (3500). Differential counts showed in nearly all a relative lymphocytosis up to 39 per cent., and a relative mononucleosis up to 13.5 per cent. In all cases in which the percentage of lymphocytes was normal, there was a marked increase of the large mononuclears, and the reverse was also true. They emphasize especially the value of these findings in the incomplete cases. The mononucleosis is to be explained by the splenic enlargement, which is not uncommonly found in this disease. They refer to the enlargement of the lymph glands, and think that this has something to do with the lymphocytosis.

Arterial Pressure in Tabes, and its Modifications during the Gastric Crises and Lightning Pains.—J. HEITZ and M. NORERO (*Arch. d. maladies du cœur, des vaisseaux, et du sang*, 1908, i, 505) have studied the blood pressure in tabes, especially in relation to the gastric crises and lightning pains, and find that in the former there is generally a marked vasoconstriction and hypertension, most probably secondary to the pain. Pain is possibly due to an irritation of the posterior roots, and is accompanied by the reflex phenomena of vomiting, constipation, and the vasoconstrictor influence which brings about the hypertension. This increase of the pressure is absent in those cases in which the pain is slight or absent. The hypertension becomes less marked in the older patients, possibly because the reflexes are interfered with in the progress of the lesions. The peripheral lightning pains are also associated intimately with the hypertension. As regards treatment, the inhalation of nitrite of amyl relieves the pains immediately, and this may be kept up even after the pressure has returned to normal. Injections of nitrite of sodium, 4 centigrams ($\frac{3}{4}$ grain) daily, do not seem to have any influence on either the pains or the hypertension. The gastric crises are accompanied by an acceleration of the pulse contrary to those in lead poisoning and gallstone colic. From their observations Heitz and Norero do not think that the cardiovascular system of tabetics suffers from the repetition of the pains as much as one would think.

The Inhibition of Pancreatic Activity by Extracts of the Suprarenal and Pituitary Bodies.—RALPH PEMBERTON and J. E. SWEET (*Arch. Int. Med.*, 1908, i, 628) have found that the suprarenal glands and the nervous portion of the pituitary body in dogs contain something which,

on extraction with salt solution and intravenous injection into dogs, cuts short the flow of pancreatic juice after the administration of secretin. It also prevents the stimulation of the gland by secretin if such an injection has preceded. This feature has been found up to the present time in no other tissues. It is independent of the general rise in blood pressure seen after the intravenous injection of adrenalin and pituitary extracts. The inhibitory factor of extracts of the suprarenal gland seems to disappear by decomposition, oxidation, or other processes before the blood pressure raising element has gone. It would appear that the suprarenal and pituitary bodies have at least one property other than those generally recognized as present in them.

Rheumatic Myocarditis.—CAREY COOMBS (*Quar. Jour. Med.*, 1908, ii, 26) notes the importance of the involvement of the myocardium in patients who have had rheumatism, and thinks that so much attention has previously been focussed on the pericardium and endocardium in rheumatic subjects that the myocardium has been more or less overlooked. In his study, Coombs has reached the following conclusions: That dilatation of both ventricles is constant and often of considerable degree. The auriculoventricular orifices share in the stretching. Hypertrophy of both ventricles is usually present, and in many instances without any obvious mechanical cause. The changes in the heart are mainly microscopic, and consist of slight fatty changes in the cells, but the important point is the formation of nodules in the stroma. They appear to constitute an inflammatory reaction, and are characteristic of rheumatic, as opposed to other forms of carditis; similar changes are seen in rheumatic endocarditis, pericarditis, and subcutaneous rheumatic nodes. The toxemia accounts, no doubt, for the greater part of the fatty changes in the cells, as well as the dilatation and hypertrophy. Coombs thinks that the physical signs characterizing the rheumatic heart disease of childhood are, in the majority of cases, referable to the myocardial lesion and not to those of the serous layers. Death during childhood from rheumatic conditions is frequently directly due to myocarditis, while in later life also some deaths are due to this same cause.

Tabes a Disease of the Deep Sensations.—J. GRASSET (*Scientific Series* 5, Montpellier, 1909) in this monograph presents a most thorough clinical study of the disturbances of the deep sensations in tabes, the various analgesias, the abolition of the deep reflexes, trophic changes, arthropathies, etc.; gives a thorough anatomical and physiological study of the disease; and notes the importance of the involvement of the sympathetic system. He concludes that tabes is a disease of the deep sensations, and that the disturbances of these play a more or less important role in each case; they are of such importance in its diagnosis that whether the picture be complete or not one cannot conceive of tabes without disturbance of the deep sensations, while no other group of symptoms is so indispensable in a picture of the disease. The disturbances of the deep sensations most commonly met with are the analgesias on deep pressure (epigastric, tracheal, testicular, ocular, tendons, bones, nerve trunks) or with disturbances of the stomach, heart, bones, and articulations and their consequences, hypotonia and the possibility of forced articular displacements, trophic disturbances, loss of tendon reflexes, loss of